

EXHIBIT F-2 - TAX CLAIMS SUBJECT TO MODIFICATION

CLAIM TO BE MODIFIED	CLAIM AS DOCKETED	CLAIM AS MODIFIED																								
<p>Claim: 8458 Date Filed: 06/19/2006 Docketed Total: \$1,868.68 Filing Creditor Name and Address: STATE OF WISCONSIN DEPARTMENT OF REVENUE 2135 RIMROCK RD MADISON, WI 53713</p>	<p>Claim Holder Name and Address STATE OF WISCONSIN DEPARTMENT OF REVENUE 2135 RIMROCK RD MADISON, WI 53713</p> <table><thead><tr><th><u>Case Number*</u></th><th><u>Secured</u></th><th><u>Priority</u></th><th><u>Unsecured</u></th></tr></thead><tbody><tr><td>05-44623</td><td></td><td>\$1,727.11</td><td>\$141.57</td></tr><tr><td></td><td></td><td>\$1,727.11</td><td>\$141.57</td></tr></tbody></table>	<u>Case Number*</u>	<u>Secured</u>	<u>Priority</u>	<u>Unsecured</u>	05-44623		\$1,727.11	\$141.57			\$1,727.11	\$141.57	<p>Modified Total: \$1,527.11</p> <table><thead><tr><th><u>Case Number*</u></th><th><u>Secured</u></th><th><u>Priority</u></th><th><u>Unsecured</u></th></tr></thead><tbody><tr><td>05-44623</td><td></td><td>\$1,527.11</td><td>\$0.00</td></tr><tr><td></td><td></td><td>\$1,527.11</td><td>\$0.00</td></tr></tbody></table>	<u>Case Number*</u>	<u>Secured</u>	<u>Priority</u>	<u>Unsecured</u>	05-44623		\$1,527.11	\$0.00			\$1,527.11	\$0.00
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		<p><b>Total Claims to be Modified: 1</b> <b>Total Amount as Docketed: \$1,868.68</b> <b>Total Amount as Modified: \$1,527.11</b></p>																								

\*See Exhibit G for a listing of debtor entities by case number.

\*UNL stands for unliquidated